

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Pg 1087


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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR 14 AM 7:46

DOCUMENT # 351883

1. Entity Name
RA-CO INC.



Principal Place of Business
**875 LAKEWOOD CIRCLE
MERRITT ISLAND FL 32952
US**

Mailing Address
**P.O. BOX 540845
MERRITT ISLAND FL 32954
US**



2. Principal Place of Business
150 Smith Rd.

3. Mailing Address

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
MERRITT ISLAND, FL

City & State

Zip
32953

Country

4. FEI Number
59-1309643

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

5. Certificate of Status Desired **\$8.75** Additional Fee Required

**KOONTZ, COY A
875 LAKEWOOD CIRCLE
MERRITT ISLAND FL 32952**

7. Name and Address of New Registered Agent

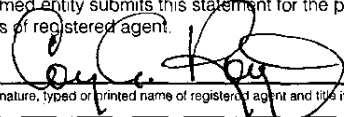
Name
Coy A. Koontz

Street Address (P.O. Box Number is Not Acceptable)
150 Smith Rd.

MERRITT ISLAND, FL

City **FL** Zip Code **32953**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **4/11/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDSD KOONTZ, JR COY A 875 LAKEWOOD CIRCLE MERRITT ISLAND FL 32952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	150 Smith Rd., MERRITT ISLAND, FL. 32953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **4/11/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CP2E034 (10/02)

19/2/83
Linda Koontz

Andy:

Enclosed is Ra-Co # 351843.

As we discussed, no fee is
due because of our payment
last year.

Thanks so much for your
assistance —

LAK

321-459-3457